

10/13/00

10-16-00

PTO/SB/05 (08/00)

Please type a plus sign (+) inside this box

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 23366-703
		First Inventor or Application Identifier Graciela Chichilnisky
		Title Internet Based Secure Virtual Exchange and Distributed Relational Database for Cross Border Trading of Securities
		Express Mail Label No. EL473791120US

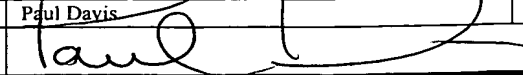
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 35]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed-Sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Detailed Description of the Drawings- Detailed Description- Claim(s)	a. <input type="checkbox"/> Computer Readable Copy
4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 20]</i>	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
5. <input type="checkbox"/> Oath or Declaration <i>[Total Pages]</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statement verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Other: _____	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____/____
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021971	or <input type="checkbox"/> Correspondence address below
<i>(Insert Customer No. or Attach bar code label here)</i>			
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	

Name (Print/Type)	Paul Davis	Registration No. (Attorney/Agent)	29,294
Signature		Date	October 13, 2000